

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,205	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,330	3,184	11,450	23,964	8
9	SNF/PED					9
10	ICF	36,705	3,582	1,605	41,892	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,035	6,766	13,055	65,856	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.15%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 217 and days of care provided 10,854

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/13 Fiscal Year: 12/31/13

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	431,267	39,914	22,800	493,981	3,786	497,767	(6,308)	491,459		1
2	Food Purchase		453,295		453,295	(41,823)	411,472	(3,196)	408,276		2
3	Housekeeping	243,101	41,947		285,048	1,236	286,284	9,867	296,151		3
4	Laundry	65,693	23,330	52	89,075	545	89,620		89,620		4
5	Heat and Other Utilities			242,032	242,032		242,032	3,185	245,217		5
6	Maintenance	56,425	104	255,932	312,461	457	312,918	75,932	388,850		6
7	Other (specify):* Related Party							10,864	10,864		7
8	TOTAL General Services	796,486	558,590	520,816	1,875,892	(35,799)	1,840,093	90,344	1,930,437		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,822,259	409,867	6,196	4,238,322	(106,985)	4,131,337	53,012	4,184,349		10
10a	Therapy	141,213	4,975	15,250	161,438	695	162,133		162,133		10a
11	Activities	95,646	3,447	7,718	106,811		106,811		106,811		11
12	Social Services	48,634			48,634		48,634		48,634		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							9,135	9,135		15
16	TOTAL Health Care and Programs	4,107,752	418,289	53,164	4,579,205	(106,290)	4,472,915	62,147	4,535,062		16
	C. General Administration										
17	Administrative	193,707			193,707		193,707	154,044	347,751		17
18	Directors Fees										18
19	Professional Services			1,181,293	1,181,293	(1,206)	1,180,087	(1,055,153)	124,934		19
20	Dues, Fees, Subscriptions & Promotions			89,023	89,023		89,023	(71,081)	17,942		20
21	Clerical & General Office Expenses	255,770	30,093	117,210	403,073	306	403,379	367,161	770,540		21
22	Employee Benefits & Payroll Taxes			943,073	943,073	26,669	969,742	(13,415)	956,327		22
23	Inservice Training & Education										23
24	Travel and Seminar			687	687		687	1,082	1,769		24
25	Other Admin. Staff Transportation		13,286		13,286		13,286	20,962	34,248		25
26	Insurance-Prop.Liab.Malpractice			330,139	330,139		330,139	11,598	341,737		26
27	Other (specify):* Related Party			107,520	107,520		107,520	(25,544)	81,976		27
28	TOTAL General Administration	449,477	43,379	2,768,945	3,261,801	25,769	3,287,570	(610,346)	2,677,224		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,353,715	1,020,258	3,342,925	9,716,898	(116,320)	9,600,578	(457,855)	9,142,723		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

#0032896

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

12/31/2013

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			69,515	69,515		69,515	438,686	508,201			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			168,238	168,238		168,238	364,681	532,919			32
33	Real Estate Taxes							644,217	644,217			33
34	Rent-Facility & Grounds			1,312,263	1,312,263		1,312,263	(1,312,263)				34
35	Rent-Equipment & Vehicles			40,878	40,878		40,878	69,287	110,165			35
36	Other (specify):* MIP							44,594	44,594			36
37	TOTAL Ownership			1,590,894	1,590,894		1,590,894	249,202	1,840,096			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		999,553	1,291,927	2,291,480	116,320	2,407,800	(151,066)	2,256,734			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			455,839	455,839		455,839		455,839			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		999,553	1,747,766	2,747,319	116,320	2,863,639	(151,066)	2,712,573			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,353,715	2,019,811	6,681,585	14,055,111		14,055,111	(359,719)	13,695,392			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,823.00)	Employee Meals
	22	41,823.00	Employee Meals
22		(15,154.00)	Uniforms
	1	2,886.00	Uniforms
	3	1,236.00	Uniforms
	4	545.00	Uniforms
	6	457.00	Uniforms
	10	9,335.00	Uniforms
	11	695.00	Uniforms
	21	0.00	Uniforms
10		(116,320.00)	Oxygen - to appropriate cost center
	39	116,320.00	Oxygen - to appropriate cost center
19		(306.00)	Medifax/Medcom GL 6929
	21	306.00	Medifax/Medcom GL 6929
19		(900.00)	rc Linda Roberts from Prof Exp to Dietary
	1	900.00	rc Linda Roberts from Prof Exp to Dietary

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,411)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(54,725)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,918)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(24,941)	21		17
18	Fines and Penalties	(6)	32		18
19	Entertainment	(3,246)	20		19
20	Contributions	(5,463)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,163)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(107,520)	27		24
25	Fund Raising, Advertising and Promotional	(31,511)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (244,904)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	93,833	Various	34
35	Other- Attach Schedule	(208,648)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (114,815)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (359,719)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Poplar Creek Rehab & HCC

ID# 0032896

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500	\$ (6,222)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500	(20,272)	30	2
3	Exp Pg 12 items under \$2,500 - current yr purch	14,239	6	3
4	Exp Pg 13 items under \$2,500 - current yr purch	50,536	6	4
5	adj for ABC related party profits - Pg 12 - D	114	30	5
6	adjust for depreciation	10,503	30	6
7				7
8	Late Fees on Utilities	(906)	5	8
9	Intercompany Interests	(164,581)	32	9
10	Misc Income - Jury Duty	(17)	21	10
11	Misc Income - Food Rebate	(880)	2	11
12				12
13	Misc Income - Medical Record	(971)	10	13
14	Marketing Manager & Aides (GL 6701-100-009)	(76,157)	21	14
15	Elim portion of Empl Benefits for Mktg	(13,415)	22	15
16	Back out 30% of PAC Fees IHCA	(1,797)	20	16
17	Add back: Help Wanted Ads - Prior Year	584	20	17
18	Add back: Legal Fees - Non Collection Prior Year	437	19	18
19	Back out Real estate Tax refund 2003-2009	807	33	19
20	Back Out Hoffman Estate Chamber of Commerce	(650)	20	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(208,648)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,520	(9,828)	0	0	0	0	0	0	0	(6,308)	1
2	Food Purchase	(4,798)	0	0	1,602	0	0	0	0	0	0	0	(3,196)	2
3	Housekeeping	0	0	9,867	0	0	0	0	0	0	0	0	9,867	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(906)	0	4,091	0	0	0	0	0	0	0	0	3,185	5
6	Maintenance	53,364	4,290	17,905	0	0	0	373	0	0	0	0	75,932	6
7	Other (specify):*	0	0	9,349	1,515	0	0	0	0	0	0	0	10,864	7
8	TOTAL General Services	47,660	4,290	44,732	(6,711)	0	0	373	0	0	0	0	90,344	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(971)	0	59,285	1,351	(6,653)	0	0	0	0	0	0	53,012	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,135	0	0	0	0	0	0	0	0	9,135	15
16	TOTAL Health Care and Programs	(971)	0	68,420	1,351	(6,653)	0	0	0	0	0	0	62,147	16
	C. General Administration													
17	Administrative	0	0	154,044	0	0	0	0	0	0	0	0	154,044	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,726)	24,348	(1,077,775)	0	0	0	0	0	0	0	0	(1,055,153)	19
20	Fees, Subscriptions & Promotions	(42,083)	0	(28,998)	0	0	0	0	0	0	0	0	(71,081)	20
21	Clerical & General Office Expenses	(101,115)	321	362,009	31,873	74,073	0	0	0	0	0	0	367,161	21
22	Employee Benefits & Payroll Taxes	(13,415)	0	0	0	0	0	0	0	0	0	0	(13,415)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,082	0	0	0	0	0	0	0	0	1,082	24
25	Other Admin. Staff Transportation	0	0	20,962	0	0	0	0	0	0	0	0	20,962	25
26	Insurance-Prop.Liab.Malpractice	0	11,301	297	0	0	0	0	0	0	0	0	11,598	26
27	Other (specify):*	(107,520)	0	72,006	3,258	6,712	0	0	0	0	0	0	(25,544)	27
28	TOTAL General Administration	(265,859)	35,970	(496,373)	35,131	80,785	0	0	0	0	0	0	(610,346)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(219,170)	40,260	(383,221)	29,771	74,132	0	373	0	0	0	0	(457,855)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(15,877)	445,487	9,076	0	0	0	0	0	0	0	0	438,686	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(219,312)	403,668	178,344	0	1,981	0	0	0	0	0	0	364,681	32
33	Real Estate Taxes	807	635,087	7,542	0	781	0	0	0	0	0	0	644,217	33
34	Rent-Facility & Grounds	0	(1,312,263)	0	0	0	0	0	0	0	0	0	(1,312,263)	34
35	Rent-Equipment & Vehicles	0	0	69,287	0	0	0	0	0	0	0	0	69,287	35
36	Other (specify):*	0	44,594	0	0	0	0	0	0	0	0	0	44,594	36
37	TOTAL Ownership	(234,382)	216,573	264,249	0	2,762	0	0	0	0	0	0	249,202	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(69,053)	(148,953)	66,940	0	0	0	0	0	(151,066)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(69,053)	(148,953)	66,940	0	0	0	0	0	(151,066)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(453,552)	256,833	(118,972)	(39,282)	(72,059)	66,940	373	0	0	0	0	(359,719)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,312,263	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (1,312,263)	1
2	V	32 Interest Income Repl Reserve	80	Alden Nursing Center of Poplar Creek, LLC			(80)	2
3	V	6 R&M - Replacement Reserve		Alden Nursing Center of Poplar Creek, LLC		4,290	4,290	3
4	V	19 Professional Fee		Alden Nursing Center of Poplar Creek, LLC		3,500	3,500	4
5	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		7,350	7,350	5
6	V	19 Legal Fees:Non-collections		Alden Nursing Center of Poplar Creek, LLC		13,498	13,498	6
7	V	21 Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		321	321	7
8	V	33 Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		635,087	635,087	8
9	V	26 General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		11,301	11,301	9
10	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		44,594	44,594	10
11	V	32 Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		399,265	399,265	11
12	V	30 Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		445,487	445,487	12
13	V	32 Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		4,483	4,483	13
14	Total		\$ 1,312,343			\$ 1,569,176	\$ * 256,833	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,091	\$	4,091	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,082		1,082	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		20,962		20,962	17
18	V	26 Insurance		Alden Management Services, Inc.		297		297	18
19	V	20 Dues and Subscription	32,562	Alden Management Services, Inc.		3,564		(28,998)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate taxes		Alden Management Services, Inc.		7,542		7,542	21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		69,287		69,287	22
23	V	32 Interest		Alden Management Services, Inc.		178,344		178,344	23
24	V	1 Dietary		Alden Management Services, Inc.		3,520		3,520	24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,867		9,867	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		9,349		9,349	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		59,285		59,285	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		9,135		9,135	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		154,044		154,044	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		72,006		72,006	30
31	V	19 Professional Fee	1,140,923	Alden Management Services, Inc.		63,148		(1,077,775)	31
32	V	21 General and Administrative		Alden Management Services, Inc.		362,009		362,009	32
33	V	6 Repairs and Maintenance	50,087	Alden Management Services, Inc.		67,992		17,905	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,223,572			\$ 1,104,600	\$ *	(118,972)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 71	\$ (22,729)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		12,901	12,901
17	V	2 Tube Feeding	30,240	Prism Health Care Services, Inc.		31,842	1,602
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
19	V	39 Ancillary Supplies	135,008	Prism Health Care Services, Inc.		65,955	(69,053)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		18,778	18,778
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		3,258	3,258
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,515	1,515
23	V	21 General and Administrative		Prism Health Care Services, Inc.		13,095	13,095
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 194,708			\$ 155,426	\$ * (39,282)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 443,904	Forum Extended Care Services, Inc.	0.00%	\$ 366,350	\$ (77,554)
16	V	39 IV	389,567	Forum Extended Care Services, Inc.		321,507	(68,060)
17	V	39 Wound Care	19,113	Forum Extended Care Services, Inc.		15,774	(3,339)
18	V	10 House Stock	32,870	Forum Extended Care Services, Inc.		27,127	(5,743)
19	V	10 Pharmacy Consultant	5,208	Forum Extended Care Services, Inc.		4,298	(910)
20	V	27 Employee Vaccination	1,619	Forum Extended Care Services, Inc.		1,336	(283)
21	V	27 Employee Benefit: G & A		Forum Extended Care Services, Inc.		6,995	6,995
22	V	21 Salary: G & A		Forum Extended Care Services, Inc.		46,720	46,720
23	V	21 General and Administrative		Forum Extended Care Services, Inc.		27,353	27,353
24	V	32 Interest		Forum Extended Care Services, Inc.		1,981	1,981
25	V	33 Real Estate Tax		Forum Extended Care Services, Inc.		781	781
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 892,281			\$ 820,222	\$ * (72,059)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 1,258,932	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,325,872	\$ 66,940	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,258,932			\$ 1,325,872	\$ *	66,940	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs and maintenance	\$ 27,711	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,084	\$ 373	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 27,711			\$ 28,084	\$ *	373 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero				14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,764	1.996	4.99	Salary	\$ 9,236	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	90,257	1.996	4.99	Salary	4,743	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	90,257	1.996	4.99	Salary	4,743	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	99,965	1.996	4.99	Salary	5,253	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	54,490	1.996	4.99	Salary	2,863	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 26,838		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 65,856	\$ 4,091	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	65,856	1,082	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	65,856	20,962	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	65,856	297	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	65,856	3,564	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/ysage	1,319,137	35	171,267	65,856	7,542	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	65,856	69,287	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	65,856	178,344	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	3,520	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	9,867	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	179,651	65,856	9,349	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,290,033	1,290,033	59,285	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	179,422	65,856	9,135	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	154,044	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,450,327	65,856	72,006	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	63,148	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,326,656	6,259,160	362,009	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,307,512	1,023,532	67,992	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,468,444	\$ 13,009,469	\$ 1,104,600	25

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	A. Directly Facility Related																
	Long-Term																
1	Cambridge Realty		X	Mortgage	\$44,737.00		\$ 9,875,000	\$ 9,511,379	03/2046	4.1700	\$ 399,265	1					
2												2					
3												3					
4	Insurance Interest (GL07053)			Medical Malpractice							3,651	4					
5	Amort of Fin Fees (GL 1918)			Refinancing							4,483	5					
	Working Capital																
6	Related party-AMS		X	Working Capital							178,344	6					
7	Related party-FECII		X	Working Capital							1,981	7					
8												8					
9	TOTAL Facility Related				\$44,737.00		\$ 9,875,000	\$ 9,511,379			\$ 587,724	9					
	B. Non-Facility Related*																
10	Interest Income on R.R.		X								(80)	10					
11	Int Income (GL#4975)		X								(54,725)	11					
12												12					
13			X									13					
14	TOTAL Non-Facility Related						\$	\$			\$ (54,805)	14					
15	TOTALS (line 9+line14)						\$ 9,875,000	\$ 9,511,379			\$ 532,919	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,594 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>592,600</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>605,194</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>12,594</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>623,300</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>635,894</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>8,323.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>644,217</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>644,802</u>			8
	2009	<u>488,395</u>			9
	2010	<u>578,498</u>			10
	2011	<u>575,316</u>			11
	2012	<u>605,194</u>			12
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Poplar Creek Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>7,542.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>781.00</u>
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>605,194.00</u>	\$ <u>605,194.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>926,264.00</u></u>	\$ <u><u>613,517.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	nursing facility	62,115		\$	1
2					2
3	TOTALS	62,115		\$	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		1995	1988	\$ 9,202,500	\$ 230,062	40	\$ 230,062	\$	\$ 4,173,137	
5										
6										
7										
8										
	Improvement Type**									
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		14,847	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	31	5-20	31		72,195	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105		5-15			23,105	16
17	Increase lighting levels on first floor		1996	8,838		15			8,838	17
18	Repair and epoxy all shower bases		1996	7,164		15			7,164	18
19	Clean coils to existing NU-AHL		1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		6,694	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		10,449	21
22	Repair restucco 2 entrance monuments		1996	5,016		10			5,016	22
23	Remove & replace roof with new		1996	89,573	4,479	20	4,479		77,260	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801		15			41,801	24
25	Add alternate biler phasing standby/back		1996	5,972		15			5,972	25
26	Change roof exhausts		1996	13,137		15			13,137	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		105,653	28
29	Siegert (sprinkler system)		1996	29,000		15			29,000	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330	107	15	107		2,330	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	ABC	1998	1,748,376	47,254	37	47,254		751,511	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		7,204	44
45	CSI-repair condensor	1999	1,528		10			1,528	45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875	125	15	125		1,771	47
48	CSI - compressor	1999	1,531	102	15	102		1,437	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735	849	15	849		11,957	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		1,675	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	222	20	222		2,960	57
58	Alden Design	2000	5,500	275	20	275		3,644	58
59	Walter Mayer -interior finishes	2000	4,000	267	15	267		3,692	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,756,210	\$ 291,700		\$ 291,700	\$	\$ 5,690,171	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,756,210	\$ 291,700		\$ 291,700	\$	\$ 5,690,171	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washdown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565		10			5,565	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		3,920	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650		10			1,650	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		34,402	19
20	ABC - Misc. Repairs	2002	3,734		10			3,734	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505		10			2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769		10			7,769	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808		10			3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains)	2002	2,500		10			2,500	30
31	New Horizons Communication (phone & jacks instal)	2002	3,651		10			3,651	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 294,990		\$ 294,990	\$	\$ 5,797,288	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,889,202	\$ 294,990		\$ 294,990	\$	\$ 5,797,288	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	294	10	294		5,785	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	240	10	240		5,731	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing repairs)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing repairs)	2004	1,267		5			1,267	11
12	GT Mechanical (plumbing repairs)	2004	4,055	270	15	270		2,610	12
13	GT Mechanical (plumbing repairs)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		998	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080		5			1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426		5			1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		1,333	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185		5			2,185	19
20	Door alarm	2005	2,508		5			2,508	20
21	CSI Coker (Dishwasher repair)	2005	3,467		5			3,467	21
22	Equipment International (tumbler weldment)	2005	3,656	366	10	366		3,141	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769		5			3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800		5			3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558		5			4,558	25
26	ABC (windows)	2005	4,756		5			4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		5,390	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854		5			2,854	29
30	ABC (Flagpole, aerator, shower)	2006	2,838		5			2,838	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		5			3,167	31
32	Capps Plumbing (new tempering and IP valves)	2006	4,388	293	15	293		2,173	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,986,501	\$ 297,335		\$ 297,335	\$	\$ 5,888,243	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,986,501	\$ 297,335		\$ 297,335	\$	\$ 5,888,243	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27	Adj for ABC related party profit	2008	(801)	(44)		(44)		(187)	27
28	Adj for ABC related party profit	2009	(283)	(12)		(12)		(48)	28
29	Adj for ABC related party profit	2010	(432)	(5)		(5)		(20)	29
30	Adj for ABC related party profit	2011	293	2		2		5	30
31	Adj for ABC related party profit	2012	2,543	164		164		246	31
32	Adj for ABC related party profit	2013	413	9		9		9	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,075,001	\$ 298,760		\$ 298,760	\$	\$ 5,968,198	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,075,001	\$ 298,760		\$ 298,760	\$	\$ 5,968,198	1
2	Lee's Carpet - office carpet	2007	3,153	315	10	315		2,153	2
3	ABC - Parking Lot repair	2007	5,165	516	10	516		3,182	3
4	ABC - new smoke detectors	2007	7,883	789	10	789		5,457	4
5	ABC - new door	2007	2,626	263	10	263		1,797	5
6	ABC - new carpet	2007	17,048	1,705	10	1,705		11,509	6
7	ABC - new door operator	2007	2,559		5			2,559	7
8	ABC - new carpet	2007	42,573	4,257	10	4,257		28,025	8
9	ABC - new carpet	2007	23,548	2,355	10	2,355		15,307	9
10	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		17,244	10
11	ABC - new piping condenser	2007	27,385	2,738	10	2,738		17,797	11
12	ABC - new carpet	2007	10,740	1,074	10	1,074		6,981	12
13	ABC - Parking Lot repair	2007	9,393	939	10	939		5,712	13
14	ABC - new carpet	2007	12,809	1,281	10	1,281		8,326	14
15	ABC - new elevator rails	2007	6,633	663	10	663		4,033	15
16	ABC - new evac signage	2007	4,201	420	10	420		2,555	16
17	ABC - push button security lock	2008	3,050	407	5	407		3,050	17
18	Oak Fire - 1st FI Nurse call system & annunciator repairs	2008	3,150	315	10	315		1,785	18
19	ABC - new door hardware	2008	4,267	427	10	427		2,384	19
20									20
21	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		902	21
22	American Backflow - 1.25 hot laundry RPZ repair	2008	3,480	348	10	348		1,885	22
23	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		9,172	23
24	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		1,533	24
25	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		3,224	25
26	ABC - new window, sun shades, 2nd & 3rd FL	2008	2,644	264	10	264		1,540	26
27	RB Higgins - 30 pressure relief mattresses	2008	4,335	361	5	361		4,335	27
28	ABC - new door hardware - alzheimer unit residents	2008	8,225	823	10	823		4,184	28
29	ABC - sewage pump	2008	16,242	1,624	10	1,624		8,120	29
30	ABC - new HVAC motors	2008	6,058	606	10	606		3,030	30
31	White Way Sign - signage	2008	17,495	1,749	10	1,749		8,745	31
32	ABC - new asphalt	2008	9,944	1,243	8	1,243		6,215	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,409,561	\$ 329,722		\$ 329,722	\$	\$ 6,160,939	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 12,409,561	\$ 329,722		\$ 329,722	\$	\$ 6,160,939	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		5,237	2
3	Oakton Glass - 48 pcs clear acrylic	2009	7,172	717	10	717		3,167	3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092		8,542	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		7,340	5
6	TopNotch - repairs new compressor	2009	4,057	811	5	811		3,988	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		2,665	7
8	ABC - reseal parking lot	2009	4,959	620	8	620		2,635	8
9									9
10	ABC - sewer repair	2010	7,057	1,411	5	1,411		5,527	10
11	St. Alexius - paving roadwork	2010	8,945	895	10	895		2,684	11
12	Garelli Pavement - asphalt/seal coating	2010	5,750	719	8	719		2,396	12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		744	14
15	Acoustical/heating/vent - ABC	2011	16,023	1,602	10	1,602		3,738	15
16	concrete/automatic metal door - ABC	2011	9,385	375	25	375		781	16
17	Plumbing/piping - ABC	2011	5,564	278	20	278		579	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		1,300	18
19	hvac motor/water valve repair - ABC	2011	8,482	1,696	5	1,696		4,664	19
20	chiller repair - GT Mechanical	2011	5,965	1,193	5	1,193		2,982	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322		538	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323		767	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		2,685	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719		1,977	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		11,772	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467		2,689	27
28	Railings, iron, resident patio replaced/fixd-ABC	2012	4,511	476	15	476		576	28
29	Freezer door - TOPNOT	2012	5,366	537	10	537		671	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,704,112	\$ 355,649		\$ 355,649	\$	\$ 6,241,583	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 12,704,112	\$ 355,649		\$ 355,649	\$	\$ 6,241,583	1
2	Gutter, drain - Sebert	2013	2,500	21	10	21		21	2
3	Cooling Tower, basin - GT Mech	2013	3,753	500	5	500		500	3
4	Motor, A/C compressor - GT Mech	2013	3,337	389	5	389		389	4
5	Railing, iron, patio - ABC	2013	6,707	261	15	261		261	5
6	Railing, fence - ABC	2013	2,696		15				6
7	Asphalt - ABC	2013	17,897	373	8	373		373	7
8	Asphalt - ABC	2013	3,413	71	8	71		71	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,744,415	\$ 357,264		\$ 357,264	\$	\$ 6,243,198	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 970,831	\$ 119,760	\$ 119,760	\$	Various	\$ 428,125	71
72	Current Year Purchases	68,357	3,218	3,218		Various	2,975	72
73	Fully Depreciated Assets	1,426,750	27,959	27,959		Various	1,426,750	73
74								74
75	TOTALS	\$ 2,465,938	\$ 150,937	\$ 150,937	\$		\$ 1,857,850	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	various	1998-2004	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77	passenger Bus		09/2000	49,863				3	49,863	77
78										78
79										79
80	TOTALS			\$ 53,774	\$	\$	\$		\$ 53,774	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,264,127	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 508,201	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 508,201	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,154,822	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning Nov 2007

Ending Oct 2017

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ varies

13. 12/31/2015 \$ varies

14. 12/31/2016 \$ varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 18,998 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>26,888</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>22,417</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,305</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED		
1. From this facility		
2. From other facilities (f)		
DROP-OUTS		
1. From this facility		
2. From other facilities (f)		
TOTAL TRAINED		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	487,593	\$		\$	487,593	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				35,928				35,928	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				735,410				735,410	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					366,350			366,350	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any						445			445	12
13	Other (specify): <u>See Pg 16A</u>						66,940	564,068			631,008	13
14	TOTAL			\$		\$	1,325,871	\$	930,863	\$	2,256,734	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$487,593.00	
2.	ST		39-3	To Col 5		35,928.00	
3.							
4.	PT		39-3	To Col 5		735,410.00	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					443,904.00	
	Manual Input from Related Party- Forum Drugs					(77,554.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		366,350.00	1,625,281.00
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		445.00	0.00
	Total Exceptional Care (Line 12, Col 8)					445.00	445.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		66,940.00
Other		588,199.00	
Manual Input: Related Party - Prism		(69,053.00)	
Manual Input: Related Party FECII - I.V.		(68,061.00)	
Manual Input: Related Party FECII - Wound Care		(3,337.00)	
Oxygen, from reclass worksheet (Pg 4A)		116,320.00	
13. Col 6: Supplies Total	To Col 6	564,068.00	564,068.00
13. Total Line 13, Column 8		0.00	631,008.00
14. Total		0.00	2,256,734.00

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 100,508	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 149,000)	3,564,731	3,564,731	3
4	Supply Inventory (priced at)	4,492	4,492	4
5	Short-Term Investments			5
6	Prepaid Insurance		22,543	6
7	Other Prepaid Expenses	12,940	12,940	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,582,163	\$ 3,705,214	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,335,939	14
15	Leasehold Improvements, at Historical Cost	907,315	1,184,758	15
16	Equipment, at Historical Cost	857,517	2,625,431	16
17	Accumulated Depreciation (book methods)	(1,404,491)	(7,977,093)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		368,339	21
22	Other Long-Term Assets (spec Refi Fee)		87,499	22
23	Other(specify): Due from Affiliate,	14,284,308	13,658,227	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,644,649	\$ 21,593,654	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,226,812	\$ 25,298,868	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 716,197	\$ 717,947	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	365,285	365,285	28
29	Short-Term Notes Payable		142,932	29
30	Accrued Salaries Payable	537,167	537,167	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,171	21,171	31
32	Accrued Real Estate Taxes(Sch.IX-B)		623,300	32
33	Accrued Interest Payable		33,052	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	252,457	264,040	36
37	Due to Affiliates	1,773,585	1,773,585	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,665,862	\$ 4,478,479	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		9,368,447	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,368,447	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,665,862	\$ 13,846,926	46
47	TOTAL EQUITY(page 18, line 24)	\$ 14,560,950	\$ 11,451,942	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 18,226,812	\$ 25,298,868	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,268,728	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(834)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 13,267,894	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,293,056	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,293,056	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 14,560,950	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,077,901	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,077,901	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	159,698	6
7	Oxygen	38,292	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 197,990	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,280	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	897	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	76	19
20	Radiology and X-Ray	60	20
21	Other Medical Services	6,719	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 9,032	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	54,725	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 54,725	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	4,567	28
28a	<u>Gain on Sale of Assets</u>	3,952	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,519	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,348,167	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,875,892	31
32	Health Care	4,579,205	32
33	General Administration	3,261,801	33
B. Capital Expense			
34	Ownership	1,590,894	34
C. Ancillary Expense			
35	Special Cost Centers	2,291,480	35
36	Provider Participation Fee	455,839	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,055,111	40
41	Income before Income Taxes (line 30 minus line 40)**	1,293,056	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,293,056	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,033,883	44
45	Private Pay - Net Inpatient Revenue	1,439,636	45
46	Medicare - Net Inpatient Revenue	5,587,494	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,019,374	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(2,486)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,077,901	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Jury Duty	\$ 17
Medical records	\$ 971
Food Rebate	\$ 880
License Fee Refund	\$ 2,699

Line 28 Total: 4,567

Ending: 12/31/2013

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 101,577	\$ 48.84	1
2	Assistant Director of Nursing	2,080	2,080	90,878	43.69	2
3	Registered Nurses	29,535	31,480	1,090,424	34.64	3
4	Licensed Practical Nurses	26,232	28,351	784,794	27.68	4
5	CNAs & Orderlies	105,716	112,445	1,417,082	12.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,929	4,296	69,496	16.18	8
9	Activity Director	3,136	3,136	58,820	18.76	9
10	Activity Assistants	3,405	3,760	36,826	9.79	10
11	Social Service Workers	2,080	2,080	48,634	23.38	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	62,975	30.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,830	34,283	368,291	10.74	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,425	27.13	17
18	Housekeepers	18,310	20,125	243,101	12.08	18
19	Laundry	5,562	6,224	65,694	10.55	19
20	Administrator	2,080	2,080	115,055	55.31	20
21	Assistant Administrator	2,080	2,080	78,652	37.81	21
22	Other Administrative	8,320	8,320	245,650	29.53	22
23	Office Manager	2,080	2,080	43,052	20.70	23
24	Clerical	3,109	3,263	38,787	11.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,944	4,163	166,438	39.98	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Dir/Aid	7,974	8,959	171,064	19.09	33
34	TOTAL (lines 1 - 33)	267,642	285,445	\$ 5,353,715 *	\$ 18.76	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	1900/month	\$ 22,800	1-3	35
36	Medical Director	2000/month	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/month	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	417/month	5,000	11-3	44
45	Social Service Consultant	280/month	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 57,568		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Alden Poplar Creek Rehab & HCC
Legal Fee Support
2013

Legal Fees Reported on Pg 21, Section C:	\$	11,629.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 19		(2,163.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(1,918.00)
Add Back voided invoice of prior year		<u>437.00</u>
Allowable Legal Fees	\$	<u><u>7,985.00</u></u>

Total Allow. Legal Fees should be the sum of the invoices you are providing.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	door	1,026	15	68	68	68	68	68	68	68	68	68
2	hot water	3,397	15	226	226	226	226	226	226	226	226	226
3	a/c repair	1,891	15	126	126	126	126	126	126	126	126	126
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$ 6,314		\$ 420								

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$3,192; HCCI \$4,991
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 68,034 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 455,839
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 41,823 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.